

BENJAMIN J. CAYETANO
GOVERNOR

DIRECTOR'S OFFICE
DEPT. OF
TRANSPORTATION

MAR 1 2 56 PM '96



Dept. of Transportation (2)

MARY PATRICIA WATERHOUSE
Deputy Comptroller

**STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES**

P. O. BOX 119
HONOLULU, HAWAII 96810-0119

February 29, 1996

COMPTROLLER'S MEMORANDUM NO. 1996-5

TO: Heads of Departments and Agencies
ATTN.: Payroll and Personnel Offices
FROM: Sam Callejo, State Comptroller
SUBJECT: Revised Savings Bond Application Forms

Effective April 1, 1996, Federal Reserve Bank Form Number SBD 2095 will be the only form that Central Payroll will accept for savings bonds payroll deduction authorization (copy of revised form attached).

Old forms should be destroyed. If you require a supply of the new form, contact our Central Payroll Office at 586-0629.


SAM CALLEJO
State Comptroller

Enclosure

MAR 11 1996

SBD 2085
(OMB Approval 1535-0111)

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SERIES EE SAVINGS BONDS



EFF DATE		PRINT IN INK OR TYPE					
EMPLOYEE'S NAME		XXXXXXXXXX		XXXXXXXXXX		SOC. SEC. OR PAYROLL NO.	
DEPARTMENT/AGENCY		BUREAU OR OFFICE		LOCATION		WORK PHONE	
A NEW ALLOTMENT <input type="checkbox"/>		B INCREASE ALLOTMENT <input type="checkbox"/>		C CHANGE DENOMINATION <input type="checkbox"/>		D CHANGE INSCRIPTION <input type="checkbox"/>	E OTHER ACTION <input type="checkbox"/> (Describe on reverse)
(If you checked A, B, or C above complete the following)		AMOUNT TO BE ALLOTTED EACH PAY PERIOD \$ <u> </u> MONTH		BOND DENOMINATION (cost price) \$100 (\$50) <input type="checkbox"/> \$200 (\$100) <input type="checkbox"/> \$500 (\$250) <input type="checkbox"/> \$1000 (\$500) <input type="checkbox"/>			
BOND INSCRIPTION Complete the following if (a) you checked A or D above; (b) you have multiple Bond allotments							
OWNER'S NAME		(First Name)		(Middle Name or Initial)		(Last Name)	SOCIAL SECURITY NO.
ADDRESS		(Number and Street)					
		(City or Town)		(State)		(ZIP Code)	
CO-OWNER BENEFICIARY (CHECK ONE) <input type="checkbox"/>		(First Name)		(Middle Name or Initial)		(Last Name)	SOCIAL SECURITY NO.

*For allotment options, see your campaign volunteer or payroll office.